

Behavioral Risk Factor Surveillance System Request for Data

Name: _____ Date: _____
Your Position: _____ Organization: _____
Street: _____
City: _____
State: _____ Zip Code: _____
E-mail: _____
Telephone Number: _____ Fax: _____

Please check the box, which best describes your organization:

- ☐ Federal Government
- ☐ State or Local Government
- ☐ Health Provider
- ☐ College or University
- ☐ Media
- ☐ Congress
- ☐ Other Commercial
- ☐ Other: _____

How do you intend to use the BRFSS
DATA (in detail)?

DATA SOURCE

Please note that the percentages in the data are weighted prevalence rates. If you have received a printout of the raw survey data, you should, if possible, have a statistician assist you in the interpretation of the table contained in your printouts. The Bureau of Epidemiology and Health Risk Assessment (BEHRA) retains ownership of all data produced by BRFSS. You may not publish scientific or technical articles based on this data and/or information without prior approval and written consent of the BEHRA/BRFSS Administrator. The BEHRA will not unreasonably withhold consent of request to publish or reproduce data in professional and scientific publications.

Please describe in detail your data
request? (example: health topic, year
and demographics)

Signature: _____

Date: _____

Please return form to:

Bureau of Epidemiology and Health
Risk Assessment
BEHAVIORAL RISK FACTOR SURVEILLANCE
SYSTEM (BRFSS)
825 North Capitol Street N.E. 3rd Floor
Washington, DC 20002
Telephone (202) 442-5857
Fax (202) 442-4826
www.tracy.garner@dc.gov

*Request form must be completed before
receiving any data. In addition, no data will be
given within the first 72 hours due to
preparation of data information.
Thanks for your cooperation, and we hope to
serve you in the future.